NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735154

1. Corporation Name

PARENTS WITHOUT PARTNERS, CHAPTER NUMBER 186, IN CORPORATED

Principal Place of Business							
P.O. BOX 13541							
ST. PETERSBURG FL 33733							

2. Principal Place of Business

Mailing Address

2a. Mailing Address

P.O. BOX 13541

ST. PETERSBURG FL 33733

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90226 020 ****61.25

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3. Date Incorporated or Qualifed

21		26			03/04/19/6			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Apr	lied For	
22		27	-		NOT APPLICABLE	- Not	Applicable	
City & State	e	City & State			5. Certifcate of Status Desired	\$8.75 A		
23					o. Cermona or canada positiva	Fee Red	quired	
Zip Country Zip Cou			Country		6. Election Campaign Financing	\$5.00	May Be	
24	25 29 30				Trust Fund Contribution	Added to	Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent		
			81	Name				
HUNT, MARIE				82 Street Address (P.O. Box Number is Not Acceptable)				
2525-69 AVENUE S.								
	SBURG FL 33712		83					
0	00011011200112		84	City		85 Zip C	ode	
				-	FL	-		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered								
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
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SIGNATURE Multic Through the first signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	TYLER, KRISTA		1.2 NAME				ſ	
STREET ADDRESS	442-40 AVE. NORTH		1.3 STREET	ADDRESS			•	
CITY-ST-ZIP	01 1 E 1 E 1 O O O O O O O O O O O O O O		1.4 CITY-S	r-zip				
TITLE	VPMD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	Overby, Linda		2.2 NAME					
STREET ADDRESS	14799-55 WAY NORTH		2.3 STREET	ADDRESS				
CITY-\$T-ZIP	CLEARWATER FL 34620		2. 4 CITY-S	T-ZIP		·		
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition	
NAME	HUNT, MARIE		3.2 NAME					
STREET ADDRESS	2525-69 AVE. SOUTH		3.3 STREET	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33712		34. CITY-5	T- ZIP				
TITLE	D	☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME	HIGGS, KEVIN		4. 2 NAME					
STREET ADDRESS	7950 PARK BLVD., #164		4 3 STREET	ADDRESS				
CITY-ST-ZIP	PINELLAS PARK FL 33781		4.4 CITY-S	T-ZIP				
TITLE	SD	☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME	LILES, YVONNE		5.2 NAME				,	
STREET ADDRESS	13800 9TH AVE. NORTH		5.3 STREE					
CITY-\$T-ZIP	SEMINOLE FL 33776		5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME				ľ	
STREET ADDRESS			6.3 STREE	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	T-ZIP	•			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KGASIMAHABE REQUIRE

39-99 (727)5226802

22E037 (11/98)